MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14	1					
15	1					
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37	1					
38	1					
39	1					
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49	1					
50		1				
TOTAL IND.	14					
TOTAL DEP.	125					
TOTAL CLAIMS	139					

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61		1				
62		1				
63		1				
64		1				
65		4				
66		~~4~~ (1)				
67	1	4				
68		~~4~~ 0				
69	1					
70						
71						
72						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						